South Jordan Police Department Citizen Police Academy Application for Enrollment

Name:			
Address:			
Phone: () DL#: Date of Birth: Sex: M F Race:			
Date of Birth:	Sex: M	F Race:	
Employer/School Name:			
Business/Cell Phone: (
How were you referred?			
Please list any medications, all	ergies, physical impedin	nents we may need to know about:	
control tactics, police physical fitness tes hazardous to your health. As a participan those with medical conditions should cons demonstrations are non-mandatory for com-	sts, discharging firearms, and of t, you are not required to participated in the physical pletion of this course, South Jorda	v enforcement to include, but not limited to; arrest ther aspects of law enforcement which may be pate in any of these physical demonstrations and sically demanding parts of the course. As these lan City assumes no liability for those choosing to d and understand this information:	
Emergency Contact Information Name:		ne: ()	
	ucted on each applicant. dismissal.) Yes		
above information fully and	accurately. I understa blice Department, to con	nowledge that I have completed the and and give my permission, with aduct a background investigation to .	
Signature:		Date:	
Complete and return to:		cademy Coordinator olice Department	
	1600 West Town	<u>-</u>	
	South Jordan, U		
Or fax to:	(801) 253-2210	(801) 253-2210	
Or email to:	jskogg@sjc.utah.gov		

For more information please call the South Jordan Police Department at (801) 254-4708.